Department Of Health And Human Services Instructions for MaineCare Home Health Admit/Discharge Form

This form communicates admissions and discharges, to the Office of Elder Services, for members receiving services under the MaineCare Home Health benefit.

The Admit/Discharge form may be used for up to 120 days (two certification periods). The intent of this form is to provide a single paper to document admissions and discharges for each discipline. The home health agency may continue to fax the same piece of paper with new information added until the member is discharged from services. By utilizing a single paper per member, there is ongoing documentation of admissions and discharges for each discipline for the home health agency and for the Office of Elder Services.

Please include the CMS-485 or physician confirmation of added services to ensure there is physician approval for all services being requested.

Member: Enter the complete name of member who is receiving services.

MaineCare number: Enter the 9 digit MaineCare number.

Provider Contact Person: Print the name of the contact person from your agency that

may be contacted to discuss any questions regarding this member.

Provider Name: Print your agency's name.

Provider Telephone: Enter your agency's telephone number.

Provider Fax: Enter your agency's fax number.

Please indicate <u>all</u> payer sources available to the consumer, even if the resource is not being utilized for current home health services.

Certification period: Enter the certification period Start and End Dates; check the appropriate certification box. **Note:** Services provided beyond 120 days (two certification periods) require prior authorization which is obtained by requesting a medical eligibility determination assessment from Goold Health Systems.

Services: Indicate the services being provided, as certified by the physician. Enter the Start of Care for each of those services. If Services have been discontinued, enter the last date of services. **Note:** if the home health agency does not accurately report all disciplines providing services, claims will be denied for lack of classification.

RN-Skilled Nursing: This category of service is for members who require assessment of a medical condition that has occurred within the past 30 days, or teaching and training for a medical condition. A maximum of 120 days of service per admission is allowed under this service category. If additional services are required after the first 120 days, the Home Health agency will need to obtain Prior Authorization (PA) by requesting a medical eligibility determination (MED) assessment through Goold Health Systems.

Home Health Aide: This category of service is for members who require assistance with personal care, including incidental assistance with housekeeping or laundry chores, or assistance with activities that directly support skilled therapy services.

Medical Social Worker: This category of service is allowed in conjunction with skilled nursing services, physical therapy, occupational therapy, or speech and language therapy services only. **Note:** Medical Social Work services are not reimbursed under MaineCare

1

OES 1/2/09

Department Of Health And Human Services Instructions for MaineCare Home Health Admit/Discharge Form

Home Health as a stand-alone service. When services have been discontinued, enter the last date of services.

Psychiatric Medication Services: Psychiatric Medication Services are requested if a member has a severe and disabling mental illness that meets the eligibility requirement set forth in Section 17. Medication administration and monitoring are the <u>only</u> covered services under this category. Check the appropriate box and enter the Start of Care dates. Any additional Home Health Services require prior authorization under this program. **Note:** This category of services is approved for up to one year. Approval periods for all members under this category, ends June 30th and must be renewed on July 1st of every year.

Therapies: Check therapy services being provided and enter the Start of Care dates for each therapy. When services have been discontinued, enter the last date of services. **Note:** There is a requirement, described in Section 40.05.C.5.a of the MaineCare Benefits Manual regarding rehabilitation potential for members receiving physical and occupation therapy services. These criteria must be included on the 485 or included within the signed physician's order for therapy services in order to meet the regulations.

Discharge disposition: This section is used to notify the Office of Elder Services of MaineCare Home Health discharges and the date of discharge. Check the appropriate discharge disposition and the Final Home Health End Date.

If a home health agency receives notification from Elder Independence of Maine that services for a Long Term Care program will begin, the home health agency will send the Admit/Discharge form to OES with "Long-term Care program" checked.

Person completing this form: The person completing the form must sign and date in the space provided.

Note regarding payment for services: MaineCare members receiving long term care community-based services are subject to cost caps. The cost caps are managed by Elder Independence of Maine. The services effected by these cost caps include Personal Care Nursing and Personal Care Services (MaineCare Benefits Manual, Chapter II, Section 96), Home and Community Benefits for Elderly and Adults with Disabilities (MaineCare Benefits Manual, Chapter II, Section 19), and Home and Community Benefits for the Physically Disabled (MaineCare Benefits Manual, Chapter II, Section 22). Section 19 and Section 22 are also known as Home and Community Based (HCB) waivers. Payment for home health services can be impacted if the agency does not coordinate services with Elder Independence of Maine.

A representative of a home health agency may call Provider Services, 1-800-321-5557 option 9, to confirm MaineCare eligibility. Provider Services can confirm if the client/member is classified as currently receiving services under Section 96, Section 19, or Section 22.

2 OES 1/2/09